

**Corrections Standards Authority
Corrections Planning and Programs Division
Mentally Ill Offender Crime Reduction (MIOCR) Grant Program
Semi-Annual Progress Report**

Grantee (Lead Agency):	Contract #:
Implementing Agency:	
Six-Month Reporting Period: January through June 2007 <input type="checkbox"/> July through December 2007 <input type="checkbox"/> January through June 2008 <input type="checkbox"/>	
Prepared by: Title:	Phone: Email:

Section 1. Project Administration
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Please provide an update on your efforts with respect to administering the project as outlined in the grant proposal by addressing the following questions.

- A. What successes (other than participant-specific) has the project achieved (e.g., reaching participant enrollment and/or any other project goals, garnering interest and/or recognition from public officials and/or other jurisdictions/agencies, receiving media coverage)?
- B. What challenges, if any, have surfaced with regard to administering the project (e.g., issues related to staff hiring/retention/training, service planning/delivery, participant referrals and/or enrollment, interagency collaboration)? How have those challenges impacted the timeline of activities outlined in the grant proposal, and what steps have been planned and/or taken to address those challenges?
- C. If training/cross training of staff and/or local partners is a part of the project, what was the nature of the training and how many project staff/others participated in the training?
- D. Is the project spending grant and match funds as anticipated? Yes ☐ No ☐
If not, please explain why and describe any steps being taken to ensure that the project expends state funds and meets its local match obligation during the grant period.

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Section 2. Project Assessment

- A. What components of the evidence-based model(s) upon which the project is anchored appear to be working most effectively in helping to improve client/family functioning?

- B. If a mental health court or any other “promising practice” is a part of the project, how is that component contributing to the project’s overall effectiveness in reducing recidivism among offenders with a mental illness?

- C. If the project is collecting outcome data beyond what the CSA requires from grantees, what are those data suggesting in terms of the project’s impact on participants (and, if applicable, their family members)?

- D. Other Comments/Observations:

Section 3. Case Study

Case studies are quite often the most compelling evidence of the value of a program. With this in mind, please provide a brief description of a client enrolled in your project (e.g., age, gender, diagnosis, criminal history), challenges associated with engaging and/or treating that client, and how the project is positively impacting the client. Do not identify the client by name.

PLEASE EMAIL YOUR COMPLETED PROGRESS REPORT TO YOUR COUNTY’S ASSIGNED FIELD REPRESENTATIVE WITHIN 45 DAYS OF THE END OF THE SIX-MONTH REPORTING PERIOD.